

## IN BRIEF

**RISK FACTORS****Oral contraceptive use linked to lower risk of RA**

In the population-based Swedish Epidemiological Investigation of Rheumatoid Arthritis (EIRA) study, women with a history of oral contraceptive (OC) use had a decreased risk of developing anti-citrullinated protein antibody (ACPA)-positive rheumatoid arthritis (RA) compared with women who had never used OCs (OR 0.87, 95%CI 0.78–0.97). The risk of ACPA-positive RA among smokers was higher in those who had never used OCs than in those who had. The study could not confirm an association between breastfeeding and a decreased risk of either ACPA-positive or ACPA-negative RA.

**ORIGINAL ARTICLE** Orellana, C. *et al.* Oral contraceptives, breastfeeding and the risk of developing rheumatoid arthritis: results from the Swedish EIRA study. *Ann. Rheum. Dis.* <http://dx.doi.org/10.1136/annrheumdis-2017-211620> (2017)

**CLINICAL TRIALS****Intravenous golimumab effective for PsA**

Results of the phase III, randomized, double-blind GO-VIBRANT study show that patients with psoriatic arthritis (PsA) treated with intravenous golimumab 2 mg/kg (n = 241) had greater improvements in the signs and symptoms of the disease at week 14 and less radiographic progression at week 24 than those who received intravenous placebo (n = 239). 75.1% of those in the golimumab arm achieved  $\geq 20\%$  improvement according to ACR criteria (ACR20) at week 14, compared with 21.8% of the placebo group.

**ORIGINAL ARTICLE** Kavanaugh, A. *et al.* Safety and efficacy of intravenous golimumab in patients with active psoriatic arthritis: results through week 24 of the GO-VIBRANT study. *Arthritis Rheumatol.* <http://dx.doi.org/10.1002/art.40226> (2017)

**INFECTION****Infection risk after switching biologics**

Patients with rheumatoid arthritis (RA) that fails to respond to treatment with a first TNF inhibitor have a similar risk of serious infection whether they switch to another TNF inhibitor or to rituximab, according to an analysis of data from a UK registry. In the first year after switching, serious infection occurred in 164 (4.8%) of 3,419 patients treated with a second TNF inhibitor and in 81 (5.8%) of 1,396 patients treated with rituximab. The most common sites of serious infection in both groups were the lower respiratory tract and urinary tract, consistent with previous findings.

**ORIGINAL ARTICLE** Silva-Fernández, L. *et al.* Serious infection risk after 1 year between patients with rheumatoid arthritis treated with rituximab or with a second TNFi after initial TNFi failure: results from The British Society for Rheumatology Biologics Register for Rheumatoid Arthritis. *Rheumatology (Oxford)* <https://doi.org/10.1093/rheumatology/kex304> (2017)

**PAIN****Caution needed in use of gabapentinoids for LBP**

A systematic review and meta-analysis of randomized controlled trials (RCTs) reveals only limited, low-quality evidence to support the use of pregabalin or gabapentin for the treatment of chronic low back pain (LBP). Results of the eight RCTs identified showed that gabapentin had a minimal benefit over placebo, and that pregabalin was inferior to other analgesics in relieving pain in adult patients with LBP of  $> 3$  months' duration. Use of the gabapentinoids was also associated with an increased risk of adverse events.

**ORIGINAL ARTICLE** Shanthanna, H. *et al.* Benefits and safety of gabapentinoids in chronic low back pain: a systematic review and meta-analysis of randomized controlled trials. *PLoS Med.* **14**, e1002369 (2017)